IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received

by a department Governor on be			
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BE	QUEST:
Clarinda Correctional Facility	30- 96
Name of Department or Office 2000 N. 16th Street	Clarinda IA 51632
Mailing Address 712-542-5634	City, State, Zip Code
Area Code & Telephone No.	10 7
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR	OFFICE:
Meredith Baker	
Name	
Mailing Address (if different from above) meredith.baker@iowa.gov	City, State, Zip (if different from above) 712-542-6107
Email Address	Area Code & Telephone Number (if different from above)
Anthony Bertolone Name Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional)	08/29/18 \$19.95 Date of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof: "Avengers Infinity War" DVD for the CCF Mov	∕ie Library.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of	of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

l, Randy Gibbs	_affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and
assessment of the fair market v	alue (if applicable) is correct and true to the best of my knowledge.

	08/30/18
Signature	Date